



PATENT
Docket No.: 20609/261 (PD 02027)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jennings et al.

Serial No. : 10/686,309

Cnfrm. No. : To be Assigned

Filed : October 15, 2003

For : METHODS FOR ASSESSMENT OF PLATELET
AGGREGATION

)
) Examiner:
) To Be Assigned

)
) Art Unit:
) To Be Assigned

COMMUNICATION

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Because applicants filed the above-identified application with an unsigned declaration, applicants expected to receive a Notice of Missing Parts. Although no such notice has been received, applicants submit herewith a Combined Declaration and Power of Attorney forms (2 pages total) for the above-identified patent application.

Enclosed is a check to cover the surcharge due for late submission of the Combined Declaration and Power of Attorney form. If any additional fees are due in regard to this submission, please charge our Deposit Account No. 14-1138.


02/17/2004 BSAYASI1 00000004 10686309

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65.00 OP

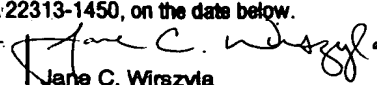
Respectfully submitted,

Date: February 10, 2004


Edwin V. Merkel
Registration No. 40,087

Nixon Peabody LLP
Clinton Square, P.O. Box 31051
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Facsimile: (585) 263-1600

R747890.1

Certificate of Mailing - 37 CFR 1.8(a)	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date below.	
Date	<u>2/10/04</u>  Jane C. Wirszyka



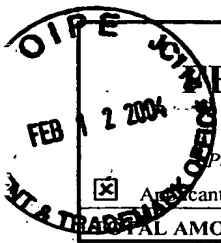
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/686,309	
	Filing Date	October 15, 2003	
	First Named Inventor	Jennings et al.	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	20609/261 (PD 02027)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Communication
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	February 10, 2004

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
2/10/04 Date	 Signature Jane C. Wirszyła Typed or printed name



FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/686,309
Filing Date	October 15, 2003
First Named Inventor	Jennings et al.
Examiner Name	
Art Unit	
Attorney Docket No.	20609/261 (PD 02027)

TOTAL AMOUNT OF PAYMENT	(\$) 65
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METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP	
The Commissioner is authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s)	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims	Fee from below	Fee Paid	
Independent Claims		-20** =	X	=	0
Multiple Dependent		-3** =	X	=	0
		X		=	0
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0
**or number previously paid, if greater; For Reissues, see above					

3. ADDITIONAL FEES					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	65
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$) 65

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____

Date: 2/10/04

Signature: Jane C. Wirszyła

Typed or printed name: Jane C. Wirszyła

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Edwin V. Merkel	Registration No.	40,087
Signature	<i>Edwin V. Merkel</i>	Telephone	(585) 263-1128
		Date	February 10, 2004

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
20609/261 (PD 02027)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR ASSESSMENT OF PLATELET AGGREGATION

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as U.S. Patent Application Serial No. 10/686,309 on October 15, 2003 and was amended on _____ (if applicable).

☐ was filed as PCT International Application Number _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).

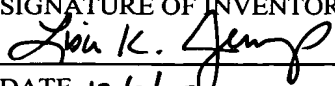
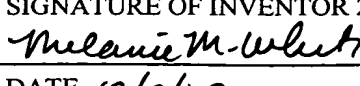
I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/419,056	15-OCT-2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 20609/261 (PD 02027)	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014; David J. Cutitta, Registration No. P52,790					
Send Correspondence to: Edwin V. Merkel NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603			Direct telephone calls to: Edwin V. Merkel (585) 263-1128		
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Jennings	FIRST GIVEN NAME Lisa	SECOND GIVEN NAME K.	
	RESIDENCE & CITIZENSHIP	CITY Memphis	STATE/FOREIGN COUNTRY Tennessee	COUNTRY OF CITIZENSHIP United States	
	POST OFFICE ADDRESS	P.O. ADDRESS 5039 Cole Road	CITY Memphis	STATE & ZIP CODE/CTRY Tennessee 38117/USA	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME White	FIRST GIVEN NAME Melanie	SECOND GIVEN NAME M.	
	RESIDENCE & CITIZENSHIP	CITY Memphis	STATE/FOREIGN COUNTRY Tennessee	COUNTRY OF CITIZENSHIP United States	
	POST OFFICE ADDRESS	P.O. ADDRESS 1491 Vinton Avenue	CITY Memphis	STATE & ZIP CODE/CTRY Tennessee 38104/USA	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
					
DATE 12/2/03		DATE 12/2/03		DATE	